

FIRST STEPS ELIGIBILITY DETERMINATION RECORD REVIEW – FORM 17

| | | |
|---------------------------|-------------------|------------------|
| Child's Full Name: | Birthdate: | CBIS#: |
| Address: | Phone#: | District: |

| Team Members | | | | |
|--------------------------|-----------------------------|--------|-------|-------|
| Printed Name | Discipline | Agency | Email | Phone |
| | Parent/Guardian | | - | - |
| | Parent/Guardian | | - | - |
| | Primary Physician | | - | - |
| <input type="checkbox"/> | Initial Service Coordinator | | | |
| <input type="checkbox"/> | _____ (PLE) | | | |

Note: Indicate the IFSP team representative to be contacted by the Record Review Team by checking appropriate box.

| | |
|---|----------------------------|
| Date of Referral to First Steps: | 45 Days expires on: |
| Reason(s) for Referral to First Steps: | |
| | |

| Primary Level Developmental Evaluation Results Summary | | | | | |
|--|----------------------|--------------------|----------------------|--------------|----------------|
| Instruments: | | | | | |
| Domain | Standard/ Z-Score | Percentile Rank | Developmental Age | Other Scores | Domain Summary |
| Adaptive | | | | | |
| Personal Social | | | | | |
| Communication Total | | | | | |
| Receptive | | | | | |
| Expressive | | | | | |
| Motor Total | | | | | |
| Gross | | | | | |
| Fine | | | | | |
| Cognitive | | | | | |

Child Name:_____ CBIS #:_____

PLE Summary of Findings and Recommendations:

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Family/Guardian Input and/or Comments:

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Reason(s) for Eligibility Request:

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| |

Record Review Submitted by:_____ Date:_____ Phone:_____

Required Supporting Documentation:

| | |
|--|---|
| Request for Eligibility | √ |
| Primary Level Evaluation (PLE) | |
| Assessments (if any) | |
| Hearing Evaluation if Speech | |
| Birth Records (if available) | |
| Primary Pediatrician (if available) | |
| Hospitalizations Records (if available) | |
| Form 17 | |

Child Name:_____ **CBIS #:**_____

Submit this template with supporting documentation to the Record Review Team:

By Mail: Weisskopf Child Evaluation Center
University of Louisville – HSC
Attn: Theresa James/Record Review Committee
571 South Floyd Street, Suite 100
Louisville, KY 40202

or

By Fax: (502) 852-0434

Do not write below this line – to be filled out by Record Review Team

| Phone Contact | |
|-----------------------------|-------|
| IFSP Contact Person: | Date: |
| Review Team Contact Person: | |
| Comments: | |
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